LABORATORY EXAMINATION(S) REQUE	CATEGORY OF AGENT SUSPECTED:						
ANtimicrobial ISolation			□ BActerial □ RIckettsial				
Susceptibility SErology (Specific Test)			☐ VIral ☐ PArasitic				
☐ IDentification ☐ OTher (Specify)			☐ FU ngal	OTher (Specify)			
SPECIFIC AGENT SUSPECTED: 01	THER ORGANISM(S) FOUND:	ISOLATION ATTEMPTED?	NO. OF TIMES	NO. OF TIMES	SPECIMEN SU		
			ISOLATED:	PASSED:	☐ Original Ma	aterial Mixed Isolate	
		YES NO			Pure Isolati	e 	
DATE SPECIMEN TAKEN: OI	ORIGIN:						
/	(Specify)						
SOURCE OF SPECIMEN:				SUBMITTED ON:			
BLood CSF WOund (Site)				MEdium			
GAstric HAir EXudate (Site)			☐ ANimal				
SErum SKin TIssue (Specify)			☐ Tissue Culture (Type)				
SPutum STool							
☐ URine ☐ THroat ☐ OTher (Specif	☐ EGg ☐ OTher (Specify)						
SERUM INFORMATION: MO DA YR	MO DA YR		IS AND SYMPTON	IS:		VOUS SYSTEM:	
	□ S3//		FEver Maximum Temperature:		☐ HEadache☐ MEningismus		
☐ ACute ☐ S4 //			Duration:Days		☐ MIcrocephalus		
			CHills		☐ HYdrocephalus ☐ SEizures		
MMUNIZATIONS: MO YR SKIN (1.)			٧:		CErebral Calcification		
			MA culopapular		☐ CHorea ☐ PAralysis		
()			HEmorrhagic VEsicular		OTher		
(3.)			Erythema Nodosum		MISCELLANEOUS:		
(4.)			Erythema Marginatum OTher		JAundice	00.	
TREATMENT: DRUGS USED None	DATE BEGUN DATE COMI	PLETED	RESPIRATORY: RHinitis PUlmonary				
(1.)					☐ CO njunctivi		
					CHorioretin		
(2.)			☐ PHaryngitis☐ CAlcifications			☐ SPlenomegaly ☐ HEpatomegaly	
(3.)			_		Liver Absce		
EPIDEMIOLOGICAL DATA:			PNeumonia (type)OTher		☐ LYmphadenopathy ☐ MUcous Membrane Lesions		
☐ SIngle Case ☐ SPoradic ☐ COntact ☐ EPidemic ☐ CArrier			OT her				
Family Illnoce			DIOVASCULAR: MYocarditis		STATE OF ILLNESS: SYmptomatic ASymptomatic		
Community Illness			PEricarditis				
Travel and Residence (Location)			☐ ENdocarditis☐ OTher		☐ ASymptomatic☐ SUbacute		
☐ Foreign					CHronic		
☐ USA			ASTROINTESTINAL: Diarrhea		☐ DIsseminated☐ LOcalized		
Animal Contacts (Species)			BLood		☐ EXtraintestinal ☐ OTher		
Anthropod Contacts: ☐ None ☐ Exposuer Only ☐ Bite			☐ MUcous ☐ OTh				
			ABnormal Pain				
Suspected Source of Infection:			☑ VOmiting ☑ OTher				
•				., .			
PREVIOUS LABORATORY RESULTS/OTH	ER CLINICAL INFORMATION: (Informa	ation supplied should	be related to this of	case and/or specime	en(s) and relative	to the test(s) requested.	
CDC 50.34 Rev. 09/2002 (BACK) - 0	CDC SPECIMEN SUBMISSION FORM -	- CDC NUI	UNIT MBER	FY	NUMBER	SUF.	

Justification must be completed by State health department laborator CDC. Please check the first applicable statement and when appropris 1. Disease suspected to be of public health importance. Specimen	y before specimen can be accepted by ate complete the statement with the *.	STATE HEALTH DEPARTMENT LABORATORY ADDRESS:				
 (a) ☐ from an outbreak. (b) ☐ from uncommon or exotic diseas (c) ☐ an isolate that cannot be identified, is atypical, shows multi 	e. iple antibiotic resistance, or from a					
normally sterile site(s) (d) from a disease for which reliare unavailable in State. 2. Ongoing collaborative CDC/State project.	iable diagnostic reagents or expertise Completed by:					
Confirmation of results requested for quality assurance.	Completed by:					
*Prior arrangement for testing has been made. Please bring to the attention of:	Date	STATE HEALTH DATE SENT TO CDC: DEPT. NO.: (MM/DD/YYYY) / / / / / /				
(Name): Name, Address and Phone Number of Physician or Org	Date:/anization:	PATIENT IDENTIFICATION: (Hospital No.)				
		NAME: (LAST, FIRST, MI)				
		BIRTHDATE: SEX: MALE FEM				
		CLINICAL DIAGNOSIS:				
(FOR CDC USE ONLY) CDC NUMBER UNIT FY NUMBER	DATE RECEIVED MO DA YR	ASSOCIATED ILLNESS:				
		DATE OF ONSET: (MM/DD/YYY) FATAL? YES NO				
	REVERSE SIDE OF THIS FO	RM MUST BE COMPLETED				
THIS FORM MUST BE EITHER PRINTED OR TYPED PLEASE PREPARE A SEPARATE FORM FOR EACH SPECIMEN						
	D.A.S.H.					
	0 3 Comments:	DATE REPORTED MO DA YR /				
		D 6 5				
ן	DEPARTMENT OF HEALTI Public Hea Centers for Di Center for Infec Atlanta, Ge	sease Control stious Diseases	FOR DISEASE" NO PREVENTION			

The Centers for Disease Control (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.